

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026236
STATE FILE NUMBER

FILED JUL 25 1958

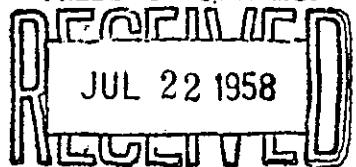
Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MADISON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. MICHAELS TWP. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN ROUTE 2, FREDERICKTOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE 2, FREDERICKTOWN Length of stay in lb				d. STREET ADDRESS (If outside, give location) ROUTE 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First SERENA Middle LUCRETIA Last MILLER				4. DATE OF DEATH Month JUNE Day 24 Year 1958			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 11, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) MADISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME WILLIAM H. TINSLEY				14. MOTHER'S MAIDEN NAME AMANDA TINKLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address ROLAND MILLER, FREDERICKTOWN, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardio Vascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) 443 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 3 mks. 5 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-10-58 to 6-24-58 and last saw her alive on 6-24-58 . Death occurred at 6:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. E. Caulton M.D.				22b. ADDRESS Farmington Mo		22c. DATE SIGNED 6-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/27/58		23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY		23d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MO.	
24. FUNERAL DIRECTOR ADDRESS NAJIM FUNERAL HOME, FREDERICKTOWN, MO.				25. DATE RECD. BY LOCAL REG. 7-1-1958		26. REGISTRAR'S SIGNATURE Florence Piabo	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ADAMSON COUNTY HEALTH DEPT.
FREDERICKTOWN. MO.



FILE No. 757-28

SEP 29 1958

MS MAY 19 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Charles McPart

Licensed Embalmer No. 4

P. O. Address Fredrick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.